

# SOCIAL ACTION

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APRIL 15, 1950



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## Alcoholism and Religion

By Francis W. McPeek

# SOCIAL ACTION

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## A Platform for Constructive Action

Thousands of communications are addressed each year to the Section on Alcohol Studies at the Yale Laboratory of Applied Physiology. A cross-section of them reveals what is bothering most people in connection with alcoholic beverages. There are those who ask simply why we don't just come out for abolishing alcohol and so never have any more problems. (Some, incidentally, would like us to do the same for tobacco, coffee, tea, cola drinks, chocolate, movies, and—a mere handful—automobiles.) Some want authoritative answers to specific questions as a basis for research, for systematic thinking or action. Others want advice of a personal nature—for instance, what to do about Uncle Charlie. . . . Some want to know in what way they can participate in solving or alleviating one or another aspect of alcohol problems. These latter include housewives and physicians, college professors and police chiefs, high school students and shop foremen, industrialists and clergymen.

Alcohol problems are irritating enough and complex enough to evoke both religious passions and scientific research. A democratic and multi-dimensional society can attain a rational equilibrium in this area only on the basis of a widely and scientifically informed public imbued with a reasonable amount of idealism. Francis McPeek's informative analysis, compressing a vast amount of the accumulated valid knowledge of the subject into a readable essay, makes a positive contribution toward that end. As a realist he faces the facts. As an idealist he pulls no punches. Not only clergymen and church-connected people but all the religiously oriented laity can here gain both scientific information and humanitarian insight for a platform of constructive action, individual and social.

—MARK KELLER

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Mark Keller is editor of the Publications Division of the Yale Plan on Alcoholism.

# Alcoholism and Religion

*Francis W. McPeek*

"He who makes a beast of himself," Samuel Johnson once remarked about drunkenness, "gets rid of the pain of being a man." He does for a few hours, anyway. Alcoholic beverages are anesthetics. A glance at history reveals that they have always been mankind's favorite pain-killer. Whenever this manner of pain-killing has been widely and enthusiastically adopted, society has found itself in trouble. This, to be brief, is the present situation.

The people who are doing most about the problem in our country are members of Alcoholics Anonymous, alcohol scientists, and some ordinary citizens with gumption enough to realize that we are up against something tough. The rest of us are still going around pretending we don't see anything. We have personally decided to drink, or not to. And, either way, we do not wish to listen to lectures on the subject. Our indifference is extraordinary.

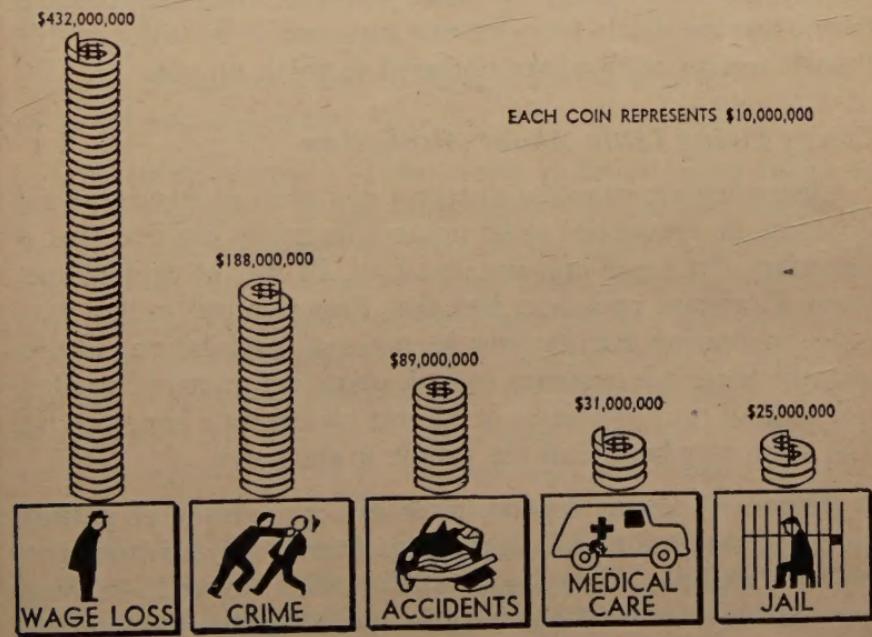
## *A Major Public Health Problem*

Die-hard conservatives love to talk about moochers on the public pay-roll. How many speeches do they make about our 750,000 full-time public liabilities—our chronic alcoholics? Die-hard liberals get the weeps every time they are reminded of the ill health of the nation. Why don't they mention once in awhile Public Health Problem Number Four—which happens to be intemperance and alcoholism? In addition to three-quarters of a million inebriates, we have three million intemperate drinkers who, as a group, get sick oftener than anyone else. They also wiggle out of just debts, neglect families, drive when they should not, skip work, and add frequent jail sentences to these splendid marks of distinction. Even the Communists are silent on the topic. And that is odd, because Marx-

ist doctrine holds that drunkenness is a vice fostered by capitalistic imperialists to make the proletariat forget the class struggle.

Seventy-five per cent of adult males in the United States are drinkers. Fifty-six per cent of adult females now join them in the "glass that cheers." Another way of putting it is to say that 65 per cent of all people over the age of 15 take one or more drinks during the course of the year. In round numbers, that is about 65 million people. The fact would seem to be that drinking customs have made sharp inroads among formerly conservative groups. Rural areas are traditionally supposed to be "dry," but 46 per cent of the farmers are currently as deaf with the cock-

## WHAT ALCOHOLISM COST US - 1940



GRAPHIC ASSOCIATES FOR PUBLIC AFFAIRS COMMITTEE, INC.

This graphic illustration of the cost of alcoholism to America in one year is based on a study by Benson Y. Landis of the Federal Council of Churches of Christ in America. (From Public Affairs Pamphlet, "Alcoholism is a Sickness." Used by permission.)

tail shaker as their city cousins—and children. Churches are likewise supposed to be strong-holds of abstinence, but only 41 per cent of the Protestants, 21 per cent of the Roman Catholics, and 13 per cent of the Jews—at latest reckoning—were holding the fort.<sup>1</sup>

While more people seem to be drinking nowadays, there is at least a suggestion that they are doing it more sensibly. For example, there is a noticeable shift in consumer demand away from hard liquor to malt and vinous beverages. Observers who look upon the use of distilled beverages as characteristic of intemperance see in this shift signs of growing moderation. They do well to keep in mind, however, that one of the two periods of great national drunkenness in modern history was sixteenth century Germany. Beer, far more alcoholic than our modern brews, was the drink, for wine was supposed to be unforgivably French and no one had yet bothered to think up gin.

### *Clergy Doing Little About Alcoholism*

Clergymen are expected to take a dim view of trends toward drinking. If one wished to be unkind, he might say that that is just what they are doing, and about all. By way of explanation, many Protestant preachers feel that Protestantism took a horrible lambasting for its part in national prohibition. Consequently, there is a tendency to look upon *any* reference to alcohol with all the enthusiasm of a burnt cat eyeing a hot stove lid. The same may be said of the people in the pews.

Benson Y. Landis reports, after a recent survey of pastors' attitudes, that less than half the preachers of all denominations believe "abolition of the liquor traffic" offers any solution. Sixty per cent of them will not have in special speakers on alcohol during the year, 12 per cent do not mention it from the pulpit themselves (only 15 per cent reported that they referred somehow to alcohol "seven or more times" during the past year), and

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1. See references at end of article.

60 per cent do not encourage church giving to temperance organizations. When gifts are made, they appear to be very small. Churches still most active along the lines of temperance education and reform, as one might expect, are those with long-standing emphases—the Baptists, Methodists, Disciples, and Presbyterians. Least interested appear to be Episcopalians, Evangelical and Reformed, and Congregational Christians.

Eighteen out of the 94 Congregational Christian ministers questioned by Landis said that they had not made a pulpit reference to alcohol in the preceding 12 months. Only eight saw to it that temperance organizations received gifts. Three-quarters of all ministers reporting "no attention" to alcoholic beverages in church or Sunday School classes were Episcopalians or Congregationalists.<sup>2</sup>

### *Church Members Tend to Reflect Drink Habits of Own Social Group*

One should beware of too many generalizations based on such survey figures. In the Congregational Christian denomination, for example, there are extreme variations in opinions, and these are in part regional or social. These opinions range from the conservatism of Midwest farm families, to whom teetotaling is an emphatic requirement of the Christian faith, to the sophistication of suburban families, who sometimes think it a breach of good manners not to offer the parson "a short one" when he calls. In the absence of a well-equipped and broadly accepted ethical point of view about the use, non-use, and abuse of alcohol, church members seem to reflect in their practices what is being done in their social and economic groups. Thus, a small-town white collar worker probably never thinks of taking a drink, while an upper-income, city Congregationalist may find it easy to accommodate himself to the businessman's luncheon cocktail. In neither case will many doubts arise about the rightness of behavior. The sanction comes from the group, and not from religion.

### *Importance of Drinking Customs*

The importance of drinking customs is often underestimated. Citizens with Mediterranean background—Italians, Spaniards, Jews—may drink daily. The old world custom of wine with meals and feasts survives removal to the new world. For some reason yet fully to be explored, drinkers with a Mediterranean background seem to have a better chance of escaping alcoholism than do descendants of the Irish, English, Scots, and the Scandinavian peoples. Jews, especially, have a low rate of alcoholism. But the point here is that long-standing customs have a weighty effect on individual conduct. These customs are frequently fortified and intertwined with religious teachings, ethnic ceremonials, and mealtime traditions. Including and modifying all of them is the development of an American culture in which drinking of alcoholic beverages may be destined for ultimate and almost total acceptance. Yet if this is to be the case, the elements of resistance have yet to spend themselves. A strong and vocal minority of non-drinkers have reacted to the custom of abstinence, and wish to transmit it.

### *Revival of Public Concern*

In spite of our indifference, alluded to at the beginning, there is a revival of public concern. Nearly everybody knows one or more individuals for whom alcohol is spelling bad trouble. Personal and economic consequences of intemperance, directly observable, are far more thought-provoking than propaganda handouts from any source. In one state alone half a dozen plants are conducting studies to determine the reasons, and remedies, for alcoholic absenteeism. Intemperance on either managerial or production worker levels is a cost factor. An increasing number of cities and states are establishing treatment and information clinics, the purposes of which are to advise the worried and aid the stricken. Several colleges and universities—such as Texas Christian and Wisconsin—are following Yale's lead in setting up summer and year-round educational



In several colleges and universities across America, educators, industry representatives, social workers and ministers are meeting as pictured here to take part in summer and year-round study of the alcohol problem.

programs on alcohol for educators, industry members, social workers, ministers, and others. The Yale venture, sponsored and directed by Drs. H. W. Haggard and E. M. Jellinek, has within seven years drawn world-wide attention. The results of careful research in medical, economic, legal, sociological, and educational aspects of the alcohol problem find their way into an increasing flow of magazine and newspaper articles.

### *Particular Responsibility Church Leaders Now Have*

If we may take these things to mean a fresh awareness of an ancient problem, then what particular responsibility does church leadership now have? Shall we continue to ignore issues with which secular leadership is already grappling, or shall we try to give some kind of guidance?

The answer very much depends upon whether we are able to get two groups into the harness, and pulling together—the abstainers and the moderate drinkers. Extremist propaganda

from wet and dry sources has the effect of driving a wedge between them. The problem is rather how to unite them, on a sound Christian basis of thought, in support of genuine education of youth as well as adults. They must be convinced that everybody is or may be hurt by common drunkenness, and that the alcoholic very often can be—and should be—helped. In short, the first job of the church is to create a standard ethical viewpoint to which the majority will subscribe and upon the basis of which all can work. Abstainers and moderate users have been slamming one another around long enough. What can church members today believe—and teach—about the use and non-use of alcoholic beverages? How may these teachings be justified in theology, fact, and common sense?

### *The Christian Consensus:*

At least four principal views must enter into the Christian consensus of opinion. These are: (A) Abstinence is a rule of prudence. (B) Voluntary drunkenness is forbidden. (C) Some use of alcoholic beverages may be permissive. (D) Alcoholics are sick and must be helped.

#### A. ABSTINENCE IS A RULE OF PRUDENCE

The Christian argument for total abstinence does *not* rest on the ground that the Bible forbids the use of alcoholic beverages. What it does rest on is the Biblical command to love God *first*. "We love him, because he first loved us." The fact of our creation by Him is evidence of this, as well as His creation of all things around about us. All things made by Him are good, and intended for our good.

The essence of sin is to love the created more than the Creator. Attachment to anything is a means of deflecting our love from Him who made it. It prevents full and free service to Him, and it is the beginning—"the divided will"—of spiritual disaster. There can be no other gods before Him. He demands the whole of our life and time in the effort to become holy as He is holy.

"Be ye therefore perfect, even as your Father which is in heaven is perfect."

### *"Temperance" and the Gospels*

There is no immediate reference to "temperance" in the Gospels, but Christ—though once accused of being a wine-bibber by enemies—is the personification of temperance. Take heed, He said, lest at any time "your hearts be overcharged with surfeiting, and drunkenness, and cares of this life." Eating too much, drinking too much, becoming too much involved in "cares" are all instances of intemperance. Parenthetically, the two-wine theory—namely, that the wine Jesus drank was not wine at all in the sense of other Scriptural references—has no scholarly support. It came into being a hundred years ago, and obviously at the hands of those who needed to feel, for the sake of Christ's human perfection, that He could not have used alcoholic beverages. Even if it were true it would miss the point central to Christ's teaching that we shall love the Lord our God with our whole strength, heart, mind, and body. By seeking the Kingdom first, all other things—the use of time, food, drink, and property—fall into proper perspective. "Every man that striveth for mastery," Paul was later to say, "is temperate in all things."

There are many references to alcoholic beverages in the Bible. Doubtlessly this is so because the use of wine by Biblical peoples was well-nigh universal. The Bible calls wine that which "maketh glad the heart of man," frequently warns about its abuse, lists drunkards with those who are not to enter the Kingdom, and forbids priests the use of wine before entering upon holy duties. One of the few groups of total abstainers were the Rechabites. Nazarites were those who made temporary vows not to shave, touch dead bodies, or drink wine until promises were performed. But Rechabites and Nazarites were exceptions to the rule. It is difficult indeed to support the case for total abstinence by direct appeal to Biblical experiences and teach-

ings. Yet in light of man's duty to serve God fully, and to avoid creature dependency, prudential arguments may readily and safely be made.

### *Prudential Arguments for Abstinence:*

1. **Abstinence prevents drunkenness.** Total abstinence is not necessarily a mark of spiritual achievement. "If anyone vow abstinence from wine as if there was any holiness in such abstinence," said Calvin, "he is chargeable with superstition; if this be done for any other end which is not improper, no one can disapprove of it."<sup>3</sup>

Avoidance of the possibility or occasion of drunkenness is a proper end. To begin with, a body is the temple of the Spirit of God. Alcohol does nothing for the body that is useful that another substance cannot do. This is a scientific fact.

Secondly, conduct by reason of drinking is frequently irre-

The Alcometer shown here determines the amount of alcohol concentration in a subject. From machines such as this, invented by Dr. Leon A. Greenberg, have come important data in the study of alcoholism. Since there is a constant relation between the alcohol concentration in breath and blood, determination of the latter can be made by having the subject blow into the machine. A few minutes later the alcohol concentration in the blood is registered on the dial of the apparatus.



sponsible. The right to drink—as the right to do anything—is curbed at the point where rights of others begin. This argument is especially meritorious in a high-speed machine age. To take an example, relatively low concentrations of alcohol in the blood stream (.04 per cent-.06 per cent) will impair driving ability by as much as 25 to 30 per cent. No man has the right willfully to become the hazard to another.<sup>4</sup>

**2. Abstinence prevents alcoholism.** *No abstainer ever became an alcoholic.* The non-use of alcohol does not guarantee healthful living, but it assures *absolutely* that addiction will be avoided. Three out of every 200 users are at present alcoholics. But no one can tell *which* of present moderate or new users will become excessive drinkers.

**3. Abstinence is a worthy example.** It is good to give up permissive things, like meat or wine, or "anything whereby thy brother stumbleth or is offended." The words of St. Paul were spoken with reference to a specific instance in which meat and wine were interfering with Christian fellowship. But they have been generalized into a rule which Christians are free to follow if impelled—to give up use of things not forbidden them if thereby they can encourage others to more Christ-like lives. This is a strong appeal to conscience and to a stricter self-discipline than that which one would demand of others. "Thus if our example of total abstinence," one Christian ethicist remarks, "would help our neighbor in his battle against drink, then in the interests of Christian fellowship and Divine love we should forsake the drinking of intoxicating liquor. . . . From the days of the Early Church to the present, an increasing number have yielded to the call of the higher morality and given up the use of intoxicating liquors for the benefit of their weaker brothers."<sup>5</sup> Yet this argument of Christian liberty—the right to give up the use of things not forbidden for the sake of greater service to Christ and to man—cannot be used as a bludgeon. Let it always be employed in the generous and voluntary sense.

## B. VOLUNTARY DRUNKENNESS IS FORBIDDEN

The Old Testament takes a stern view of drunkenness. "And they shall say unto the elders of his city, 'This our son is stubborn and rebellious, he will not obey our voice; he is a glutton, and a drunkard.' And all the men of his city shall stone him with stones, that he die. . . ." There is only one apparent Old Testament exception to this violent disapproval of intoxication. "Give strong drink unto him that is ready to perish, and wine unto those that be of heavy hearts. Let him drink, and forget his poverty, and remember his misery no more." It was customary, as an act of mercy, to give a strong, anesthetic dosage to those about to be executed.

But elsewhere drunkenness in both Old and New Testaments is fiercely condemned. St. Paul held that drunkards should be excluded from the fellowship, would not be permitted to enter the Kingdom, and that they were desecrators of the body. He was appalled by the reported excesses of drinking at early Christian "love feasts" and commanded that they be stopped. Intemperance was, for him, the work of the "flesh."

### *Distinctions about Drunkenness: The Chronic Alcoholic and Voluntary Drunkenness*

St. Paul was unaware of distinctions about drunkenness that students of alcoholism have come to recognize. Modern ethical teaching must take them into account.

*The chronic alcoholic* is one with little or no control left over either the occasions of drinking, or the amount. A great many inebriates are people with a pre-existing personality defect, sometimes even psychosis. Alcoholism is superimposed on this, and is a symptom of the underlying illness—for example, a 19-year-old schizophrenic who engages in wild bouts of drunkenness. His abnormal drinking points unerringly to the personality disorder. Epileptics and mental defectives frequently appear as compulsive drinkers. In the case of the remaining inebriates,

habituation through long, excessive drinking may contribute to the picture of addiction. Though at the outset drinking may have been moderate, in the long run an alcohol dependency has been established. But by whatever route he arrives, the inebriate is a sick man, spiritually, morally, and physically. We shall give further attention to this in a moment. Here it is of importance only to observe that the alcoholic's power of choice has become stringently limited.

It is the power of free choice which establishes moral responsibility. The various degrees of responsibility, it follows, are related to the degree of freedom enjoyed. Classical ethicists held that slaves, for example, had little or no responsibility because their wills were not their own, but their master's. Leaving to one side the question of initial moral responsibility in choosing to drink, the evident fact is that the alcoholic has largely or wholly lost the power of choice. As long as alcohol is accessible to him, he cannot choose any longer to take it or to let it alone. He resembles the slave. To him there remains usually one desperate hope. "We admitted we were powerless over alcohol—that our lives have become unmanageable. We came to believe that a Power greater than ourselves could restore us to sanity. We made the decision to turn our wills and our lives over to the care of God as we understood Him." These three sentences are the first three steps for members of Alcoholics Anonymous.

But *voluntary drunkenness* is an entirely different matter. A typical example is the Friday evening drunkard. It is perfectly possible for him either to decline to drink, or to drink well within the limits of sobriety. At other times during the week he may not drink at all, or else with self-restraint. But on the weekend he "lets himself go" for the "fun" of it. Intoxication is deliberately chosen. Very often it is looked upon as a reward for good behavior at other times. There may be motivations—and we may leave it to psychology and sociology to point them up—but our concern is with the ethical issue. *This kind of drunken-*

ness is to be actively, unequivocably, and constantly condemned.

The duty of man is to live temperately. Clearly the voluntary drunkard is not. If he has the power of choice remaining—and he is the chap we are talking about—then instead of laughing approbation for his alcoholic antics he should have cold, social disapproval. He has it in Christian ethics, at any rate.

### *There is Nothing Funny About Drunkenness*

Drinkers or non-drinkers, we can and should teach on ethical and scientific grounds that there is nothing funny about drunkenness. Progressive anesthesia in continued drinking strips away first judgmental acuity and then successively the layers of acquired social behavior. A final regression, just before the level of stupefaction is reached, may be loss of muscular, including sphincter, control. Samuel Johnson was wrong in one respect. Not even a beast behaves in such a fashion.

Drunkenness some day will certainly be regarded as the evidence of emotional disorder and social irresponsibility. We shall no more think of laughing at it than we do now at a wounded man or a psychotic patient. Drinking customs now support the deliberate drunkard in many communities in his opinion that he is behaving rationally. Associates, including both drinkers and non-drinkers, egg him on by ad-

**you  
CAN HELP  
THE ALCOHOLIC**

- *Understand HIS PROBLEM*
- *Encourage HIM TO SEEK TREATMENT*

**ALCOHOLISM is an ILLNESS**

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miring chuckles and buying more drinks. The public at large has an ambivalence toward drunkenness—at one moment laughing at alcoholic pranks and the next condemning the drinker as a no-good lout. Jellinek and others have long observed that this ambivalence is an encouragement to voluntary drunkenness. We need a fixed opinion toward it. *The drunkard is no joke, and he must not be treated as though he is.*

### C. SOME USE OF ALCOHOLIC BEVERAGES MAY BE PERMISSIVE

If we bear in mind essential Christian orientation toward life and God—the command to love and serve Him first—then we can come at the problem of moderate or casual drinking in good spirit. The fact is that the overwhelming majority of people who drink find no especial difficulties arising on this account. To confuse moderate drinking with intemperance and alcoholism is both factually wrong and ethically indefensible.

We have stated, in part, the motivation and arguments for total abstinence. It might be added that many people, apart from moral conviction, do not drink because they dislike the taste or effects of alcohol, because they are afraid of what it may do to them, because they cannot afford it, or because if it got about that they drank, they would be injured professionally. These are all sound reasons if one personally adopts them, and are to be treated with respect. Abstainers are sometimes ridiculed unfairly. A few of them have it coming, however, when they try to tilt a halo over their forehead. The reasons moderate drinkers offer must be treated also with respect. Adults have both a legal and moral right to use beverage alcohol so long as their use is truly moderate and can be justified under the Christian teaching of the stewardship of time, property, and personal abilities.

#### *The Moderate Drinker*

The definition of a moderate drinker can best be put in terms

of motivation. Jellinek describes the moderate drinker as follows: "He does not seek intoxication and does not expose himself to it. He uses alcoholic beverages as a condiment and for their milder sedative effects. Alcohol constitutes neither a necessity nor considerable item in his budget."<sup>6</sup> One might go further. Any drinking by an alcoholic is immoderate. Drinking by those specifically forbidden by physicians is immoderate. Drinking before undertaking an important responsibility is immoderate.

There is also the widening conviction that those who drink *any* amount, and drive, are acting intemperately. Others hold that *any* drinking by young people is immoderate and harmful, not in the sense that small amounts of alcohol are physiologically injurious, but in the sense that the pattern of dependency may be more easily established during the difficult period of post-adolescent adjustment. Further, there is evidence to support the view that *regular* use of alcoholic beverages is immoderate, and manifestly this is the case when drinkers are unhappy on not being served at a usual time.

Moderation is *not* shown necessarily in the choice of a particular beverage, although moderate users tend to select drinks in which the alcohol content is greatly diluted whereas the intemperate drinker generally selects those in which the alcohol content is high.

Neither is moderation dependent upon taking a certain quantity. To illustrate this, Anstie, an English physician, tried one hundred years ago to determine the precise amount of alcohol an adult might take daily without affecting his health. He concluded that this was three ounces of 100-proof whiskey (or one and one-half ounces of absolute alcohol).<sup>7</sup> But intoxication, and intemperance, is dependent upon the amount of alcohol absorbed into the blood stream at any one time. Absorption rates and levels turn upon body weight, the rapidity of drinking, the presence or absence of food in the stomach, as well as degree of dilution of alcohol in the drink. Thus "Anstie's limit" is a

useless guide to moderation, as are other suggested "limits." Three shots of whiskey on an empty stomach, and taken one right after another, have a very different effect than the same amount sipped slowly over a number of hours. Quantitative tests of moderation are to be rejected. The question of *why* one drinks is more important than *what* or *how much*.

Objectively, Jellinek's definition gives certain standards. The moderate user may take his beverage with his meals, and he does not spend much for it. He drinks because he likes the taste or the mild sedation found in small amounts of alcohol. He does not get drunk, does not wish to, and does not expose himself to occasions of drunkenness.

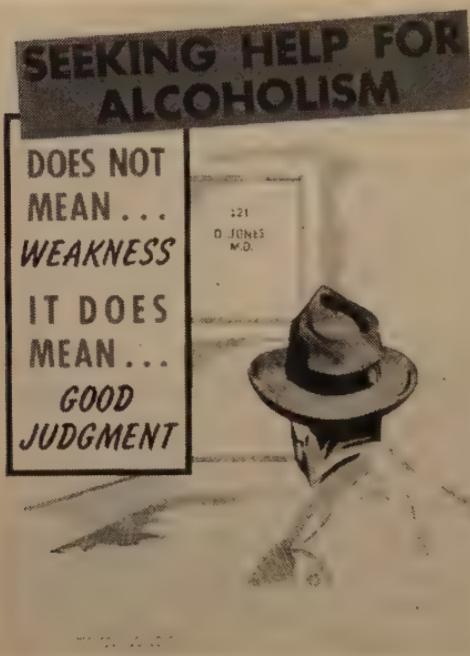
Perhaps there are even subtler tests of the truly moderate drinker. As he does not feel unhappy on not being served a drink, so he is not overcome with guilt when he takes one in the presence of abstainers. He feels secure with or *without* it. *Neither does he ever urge another person to drink*, for this probably suggests again a fundamental insecurity about alcohol—he may be trying to win social acceptance of his practice by compelling another to engage in it.

Finally, it may be observed that moral or social superiority is not established by being able to tell the difference between a dry martini and a pilsener. Moderate drinkers do not wear halos, either!

#### D. ALCOHOLICS ARE SICK AND MUST BE HELPED

Lyman Beecher probably did more than any other man in the nineteenth century to give a sense of direction to the temperance movement. But when coming from the death bed of an alcoholic he once remarked: "I indulge the hope that God saw it was a constitutional infirmity, like any other disease."<sup>8</sup>

An argument now rages as to whether alcoholism is an "illness" or "disease." Some temperance advocates feel that by calling the inebriate an "alcoholic" instead of a "drunkard," moral responsibility for the condition is minimized and excessive drink-



ing is encouraged. Perhaps they are overly fearful in this regard, but in any event two things are true. Medical classifications belong to the medical profession to determine. Laymen may object to clinical labels that describe various kinds of irrational behavior, but courts often make commitments for treatment or restraint on the basis of them. The other thing is that whether alcoholism is a "disease" or not, the inebriate is ill.

### *Nature of Alcoholic's Illness*

Physically, the alcoholic is deteriorated. Personal neglect has made him liable to other diseases, such as pneumonia. Continued over-indulgence has brought on nutritional deficiency with associated illnesses. For years his drinking has robbed his body systematically of needed vitamins. Organic dysfunctions are common. He is frequently in need of medical attention because of accidents and injuries sustained during alcoholic bouts. Few people who have seen alcoholics in hospital beds would deny that they are rightfully there for treatment. Psychologically, the alcoholic has also deteriorated. He may have developed one of the alcoholic psychoses (about seven per cent of mental hospital patients are so classified); or, if not this, he will certainly have suffered a radical personality change.

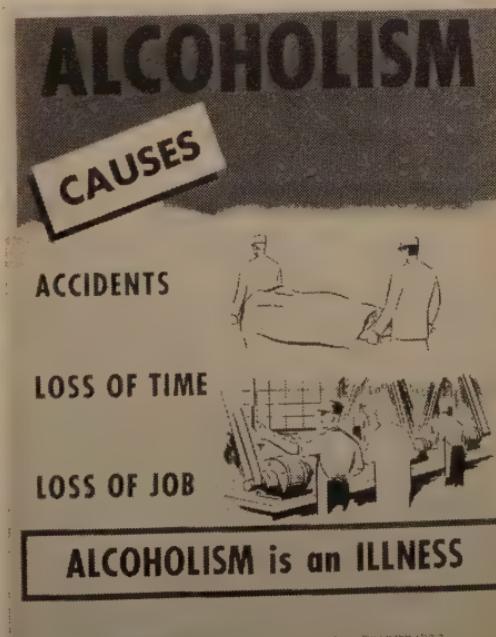
As we shall shortly see, the alcoholic becomes socially isolated. The nature of his habit and his view of himself are re-

sponsible. He is self-condemnatory, lonely, and without confidence. Anton T. Boisen, the great pioneer in the field of religion and health, insists that the root evil in functional mental illness is the feeling of social isolation—a removal by self-judgment from the community of the good. The alcoholic does this, and it makes him a spiritual problem. He needs to know the meaning of forgiveness.

### *The Challenge to the Christian Conscience*

The alcoholic is a challenge to Christian conscience. Few men need medical, psychological, and spiritual help as badly as he. Alcoholics Anonymous have made a great contribution in direct, personal services to alcoholics in the past few years. But every community of size needs more professional equipment and personnel. Our jails are still necessary, but they are not institutions of treatment. Clinics, hospital beds, and specialized workers are needed.

These things cost money—but so do alcoholics. Our economic and social loss through inebriety is enormous. Alcoholism destroys some of our best business, labor, and political leadership. It accounts for much industrial absenteeism, and for a great share of the public outlays for welfare services. Society "benefits" from the beverage industry. Many hundreds of thousands of persons are on its payrolls. Millions of



dollars are spent in agricultural purchases. Billions in taxes come to state, local, and federal governments. In the matter of simple justice, the public must do more for the victims of intemperance than it does.

The ministry not only has pastoral responsibilities toward alcoholics and their families, but the duty and opportunity of laying the care of alcoholics on the minds of church members and the general public. To unite in a program of aiding the inebriate and the prevention of alcoholism is a task that can and should be engaged in by both moderate drinkers and abstainers. No man ever drifts beyond the love and compassion of Christ. The alcoholic is frequently disgusting, the object of fear and embarrassment. Precisely on this account he becomes a special concern of the church.

## EDUCATION FOR PREVENTION OF ALCOHOLISM

The truism that total abstainers do not become alcoholics has already been mentioned. Total abstinence, and the prudential arguments and facts which support it, should be placed before the public more forcibly than it is. In its Christian setting, it deserves greater attention in church educational programs. Similarly, the tests of moderate drinking should be laid before young and old as a means of forming a judgment. The best place to arrest alcoholism is in its incipient stages. The truth is that many people do not realize that their drinking practices already have placed them in danger. They dismiss certain kinds of alcoholic episodes as insignificant or trivial when, in fact, they are harbingers of disaster. If they were able to identify these in time, they would be encouraged to make the only kind of decision that surely prevents alcoholism, namely, to stop drinking.

### *Symptoms of Developing Alcoholism*

A few years ago Dr. E. M. Jellinek set out to determine in what order, if any, the symptoms of developing alcoholism oc-

curred. Ninety-eight members of Alcoholics Anonymous helped him with frank answers as to their history. Research still goes forward, but enough evidence has emerged to indicate that certain experiences are remarkably common. A composite picture can usefully be presented in pulpit or classroom.<sup>9</sup>

Ninety per cent of inebriates began serious drinking on week-end drunks. These were engaged in at "liquor parties" or taverns. This extended drinking followed an earlier history of occasional drunkenness. Three-quarters of those questioned said that they had been drunk before their twentieth birthday.

In addition to regular week-end drunkenness, two other symptoms of warning nature appear. One of these is the "black-out." When the drinker finally has slept it off he discovers he cannot remember what happened after a certain point the night before. Equally serious is another symptom that appears about the same time. The drinker has begun to "sneak drinks." Unseen by others, he takes more than the rest of the party: for example, the host who quickly downs a few while preparing a round for guests in another room. Jellinek calls the black-out and the sneaking of drinks "ominous portents"—signs of great danger. They are definite pre-alcoholic symptoms.

Let us suppose that the week-end drunks began at age 25. Here, then, is something of the rest of the picture.

At about age 27 the drinker begins to realize that whenever he takes a drink, he always winds up drunk. He does not intend to go so far, but he does. He can still control the *occasions* of his drinking, but not the amount. Usually he has experienced no real trouble up to this point—has not been fired, or jailed, or anything else that would shock him into a realization of what his excesses mean. But unless there is some circumstance of this nature, or unless he has a sudden flash of insight to show him that alcohol has become an actual menace, he will continue. Loss of control "sets the definite course for alcoholism. . . ."

During the next two years he begins to need to rationalize his heavy drinking. He says that he never would go and get

drunk unless he had reasons. But he always has them. He becomes easily resentful and may engage in anti-social acts like picking fights with strangers in saloons, smashing windows, or playing harmful pranks on others. Always he is able to explain and rationalize.

By the time he is 30 he has found the "eye-opener" a necessity. Taking the morning drink—the hair of the dog that bit him—has long been considered one of the marks of an alcoholic. He rationalizes that liquor is not a luxury any more. It is an indispensable means of "getting going" for the day.

From the time he begins to take morning drinks until he starts going on "benders" one to three years may elapse. Three years is the predictable outside margin. A bender is a bout of drunkenness, lasting for days, and without regard to "family, work, and other duties." This is the beginning of the acute or *compulsive* stage of alcoholism. Control over the *occasions* of drinking, as well as over amounts, has been lost. "Solitary drinking" is now the rule with 90 per cent of the alcoholics. Social isolation becomes pronounced, witnessed by loss of jobs, advancement, and friends.

Corresponding to the time of "benders," or just before, are two other significant phases or symptoms. In point of time, the early one is "going on the water wagon." The drinker has some flashes of insight that alcohol has obtained a dangerous hold on him, and he makes an effort to give up liquor entirely. If he is not successful, then later he may try to "change the pattern." He says to himself that he will not drink before a certain hour of the day, or that he will drink only beer, or do something else to get out of the rut. He doesn't. He is too deeply involved to get out without help.

At the age of 31 he begins to experience "persistent remorse" about his drunkenness. His elaborate rationalizations are not holding up. But along with this remorse are three other symptoms. Frantically he tries to "protect his source of supply." Improvident and careless about everything else, he will never be

without liquor if he can help it. "Indefinable fears" beset him. He is frightened, and cannot understand why. Perhaps down deep it is the fear of retribution, or that alcohol will let him down. A physical manifestation of his fear are "tremors" of lips and hands.

This phase of drinking experience continues for several years, but during it the feelings of remorse are succeeded by "unreasonable resentments." These are directed toward anybody and everybody who doesn't agree with him. He is utterly egocentric and irresponsible. Bout follows bout. He may start wandering from home base in an effort at "geographic escape." But he has entered the chronic stage of alcoholism.

By the time he is 35 his physical health and anxiety have probably brought him into the doctor's office for medical assistance. But he does not stop. A year later he may come to his minister or priest for spiritual help. The appeal for religious assistance, as a symptom, is a later development of the chronic phase and may mean, as Jellinek thinks, that the rationalization system has broken down and no longer affords "sufficient support."

On reaching 37 years of age he will finally admit that alcohol has whipped him. It is 11 or 12 years since he lost control over drinking, but he would not personally say so. Now he cannot conceal from himself what others have known and seen for a long time. Often this is the time when the Alcoholics Anonymous or other agencies of help can move in. An admission of lack of power over alcohol may be his "lowest point," although if he continues drinking, that point may be reached around age 40. For some the lowest point is when their children face starvation, or when a prison sentence is imposed, or when awakening from a bender they find themselves in the "psycho" ward of a county hospital. But whatever induces it, the alcoholic realizes that he is about as low as a man can get.

This is a fragmentary and incomplete picture of the alcoholic's career. There are many variations in the history of alcoholics,

but correlations of "phases" or "symptoms" are frequent. The lesson to be driven home is that black-outs, week-end drunks, and the sneaking of drinks are definite warnings of an alcoholic future. It is that losing control over amounts drunk, needing to go on the "water wagon," or to change the pattern of drinking are all stages far along a well beaten path to inebriety. "The knowledge of the prognostic signs and the wide dissemination of such knowledge may constitute a step in the prevention of alcoholism," Jellinek concludes.

Pastors and church school leaders for older young people and adults may use effectively such presentations. They give a better understanding of alcoholism, and they give those who may be on the threshold of danger the knowledge that will help them avoid inebriety.

### *A Concluding Note*

In this article there has purposively been no discussion of many necessary and sometimes technical methods of dealing with the alcohol problem. These are discussed elsewhere for those interested. (See bibliography.) The deepest need at the moment is for real educational effort through church, civic, and public channels. Any emphasis on education depends upon aroused and persistent public support. The reason schools and churches are now neglecting their responsibilities is simply that the majority of adults do not recognize intemperance and alcoholism for what it is—a major social, medical, and moral problem.

Discussion of it must be taken from the usual conversational level of "Well, I take a drink, and it doesn't hurt me," or, "I don't drink, and no one else ought." These statements may be self-satisfying, but they get us no place. Consideration of drinkers and abstainers alike should be directed toward the abolition of drunkenness and the prevention and treatment of alcoholism. Both "wets" and "drys" can certainly join hands in such endeavors, and in the backing of the principal means by which

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they are to be achieved. The principal means is education — the replacing of alcohol folk-lore by scientific fact and the development of constructive social and moral attitudes.

The church's ancient duty and its present one is the witness to the fundamental fact of life: the whole end of man is to love and glorify God. The Christian answer to intemperance in anything was once well enough and briefly stated by John Wesley.

"One design," he said in his New Year's Day sermon of 1733, "ye are to pursue to the end of time—the enjoyment of God in time and eternity. Desire other things, so far as they tend to this: love the creature, as it leads to the Creator. . . . Whatever ye desire or fear, whatever ye seek or shun, whatever ye think, speak, or do, be it in order to your happiness in God, the sole end, as well as source, of your being."

## References

1. *Alcohol and Social Responsibility*, by Raymond G. McCarthy and Edgar M. Douglass, p. 61. See bibliography for comment on this book.
2. "A Survey of Local Church Activities and Pastoral Opinions Relating to the Problems of Alcohol," by Benson Y. Landis, *Quarterly Journal of Studies on Alcohol*, vol. 8, no. 4, pp. 636-656, March, 1948.
3. *Institutes of the Christian Religion*, by John Calvin, bk. 4, ch. 13, p. 4.

4. "Effect of Alcohol Ingestion on Driving Ability," by Kjell Bjerver and Leonard Goldberg, *Quarterly Journal of Studies on Alcohol*, vol. 11, no. 1, p. 27, March, 1950.
5. *The Teaching of the Early Church on the Use of Wine and Strong Drink*, by Irving Woodworth Raymond, Columbia University Press, 1927, pp. 83-84.
6. *Alcohol Explored*, by H. W. Haggard and E. M. Jellinek, p. 12.
7. *Alcohol Explored*, p. 10.
8. *Alcohol, Science and Society*, in an article by the author, p. 406. See bibliography for comment on this book.
9. This sketch is a very brief treatment of Dr. Jellinek's study, "Phases in the Drinking History of Alcoholics," found in the *Quarterly Journal of Studies on Alcohol*, vol. 7, no. 1, pp. 1-88, June, 1946.

## Good Reading

### For General Information on Alcohol Problems

*Alcohol, Science and Society*, published by the *Quarterly Journal of Studies on Alcohol*, 52 Hillhouse, New Haven, Conn., 473 pages, \$5.00. Contains 29 lectures and discussions from the 1945 summer session of the Yale School of Alcohol Studies.

*Alcohol Explored*, by H. W. Haggard and E. M. Jellinek, New York: Doubleday, Doran and Company, 1942, \$2.75. Data are not current, but interpretations are popularly presented.

### For Educators

*Alcohol and Social Responsibility*, by Raymond G. McCarthy and Edgar M. Douglass, New York: Thomas Y. Crowell and Yale Plan Clinic, 1949, 304 pages, \$3.50. An excellent summary of current facts and an outline of an educational approach for use in public and other schools.

### For Church School Workers

*Alcohol and People*, a handbook for church leaders published by the Division of Social Education and Action, Board of Christian Education, Presbyterian Church in the U.S.A., Witherspoon Bldg., Philadelphia, Penna., 1950, 75 pages. Prepared by Clifford Earle, this pamphlet gives brief factual statements on the various phases of the alcohol problem, and outlines a suggested church program.

### For Pastors

*Helping Alcoholics*, by Seward Hiltner, Board of Christian Education of the Presbyterian Church in the U.S.A., Witherspoon Bldg., Philadelphia, Penna., 1949. A free pamphlet for ministers containing suggestions with reference to counseling of the alcoholic and family.

## General National Agencies

Alcoholics Anonymous, Box 459, Grand Central Annex, New York 17, N. Y.

National Committee for Education on Alcoholism, 2 East 103rd Street, New York 29, N. Y.

National Committee on Alcohol Hygiene, Inc., 2030 Park Avenue, Baltimore 17, Maryland

Yale School of Alcohol Studies, 52 Hillhouse Ave., New Haven, Conn.

## Temperance Organizations

Alcohol Education, Incorporated, 616 Redfield Avenue, Los Angeles, Calif.

Alcohol Facts, Inc., P.O. Box 682, White Plains, N. Y.

Allied Forces, 133 Clinton Avenue South, Rochester 4, N. Y.

Allied Youth, Inc., 1709 M Street N.W., Washington, D.C.

American Business Men's Research Foundation, 53 W. Jackson Blvd., Chicago, Ill.

American Temperance Society, Washington, D.C.

Board of Temperance, The Methodist Church, 100 Maryland Ave. N.E., Washington 2, D.C.

Intercollegiate Association for Study of the Alcohol Problem, 12 N. 3rd Street, Room 522, Columbus, Ohio

National Temperance Movement, Inc., 77 W. Washington St., Chicago 2, Ill.

National Woman's Christian Temperance Union, 1730 Chicago Ave., Evanston, Ill.

Temperance League of America (formerly Anti-Saloon League of America), 131 B Street S.E., Washington, D.C.

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# The Churches and Alcohol Education\*

Alcoholism and the misuse of alcohol are among the many grave problems which Christians confront in modern society. Both personal and social consequences are involved. Intemperance is a destructive force in family life, a factor in industrial and traffic accidents; it occasions private and public economic losses, and is a contributing cause in many illnesses. The alcohol problem is not only a major one in the field of public health and welfare. It is also one with profound religious and moral implications.

The religious significance of this problem is rooted in our conviction that God has entrusted man with life, the world and all created things. Any use of these which obstructs right relations between man and God, and man and his fellows is sin; and the result of personal sin is social evil. As Christians, members of churches—both laity and clergy—we confess our indifference and ineffectiveness in dealing with this whole issue. We have been remiss in studying the personal and social causes of intemperance, too easily accepting or rejecting the teachings and customs of the past. We have failed to provide an adequate program of education. We have let inertia take the place of social action on this vital issue.

We therefore now pledge ourselves and call upon our churches and church members to make a careful examination of the facts available to us through modern science, to interpret them in the light of Christian principles, to make such pronouncements and take such actions as we may be led to pursue under the guidance of the Holy Spirit.

We recognize that there is wide difference of opinion on this personal and social question among sincere and honest Christians. However, we present the following formulation of minimum standards for personal conduct as a working basis for a program of action. We recommend them for the consideration of our churches and their members. We charge the agencies of Social Action and Christian Education with

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\*This statement was drafted by the Conference on Alcohol Education composed of Evangelical and Reformed and Congregational Christian members of boards of education, social action, and representatives of lay men, women and youth organizations, and ministers, in December, 1949. It was revised and adopted by the Council for Social Action in February, 1950.

the responsibility of developing a program of study and action upon this basis:

1. *Abstinence is the rule of prudence.* The results of the use of alcohol are not specifically predictable. However, it frequently intensifies other human problems, individual and social. Any individual's behavior may have a serious influence upon the moral character and conduct of another. Modern living requires exceptional skills which are frequently affected by the use of alcohol. A substantial proportion of those who start to drink become addicted to the use of alcoholic beverages.

2. *Any use of alcoholic beverages must respect such conditions* as (a) there should be the intention of and capacity for avoiding drunkenness, (b) there should be no drinking before the assumption of responsibilities such as driving, using vocational skills or making important decisions, (c) there should be no drinking by minors nor should temptation be put in their way, (d) there should be no drinking that leads to a dependence upon alcohol, and (e) no substantial part of a person's income can justifiably be spent for such a purpose.

3. *Voluntary drunkenness is wrong.* The repudiation of individual moral responsibility in deliberately getting drunk is a sin against God. It is also a menace to the health and welfare of one's self and one's neighbors.

4. *Alcoholics are sick persons and must be so treated.* The resources of medicine, social sciences and religion should be used for their rehabilitation. In many areas far more adequate personnel and facilities are needed.

The formulation of a better statement of principles, the development of an educational program, the improvement of our counseling and ministry to those afflicted, hearty cooperation with the Federal Council of Churches and with secular agencies aiming at the same ends, the support of suitable legislation and social control, these and others are the tasks for the future. May God give us wisdom, courage and the will to perform them.

## *On To Action*

Is alcohol education to be dismissed as the phobia of an "abolitionist fringe" within the churches or is it the genuine concern of a responsible body of churchmen? How large a consensus is there for the views expressed in Mr. McPeek's article and for the principles formulated in the statement on page 30? The General Council of 1948 directed the Council for Social Action "to formulate a program of research, education and action on the alcohol problem." Does it want another report for the minutes or a proposal for action?

A two-day conference of ministers, laymen, women, educational and social action leaders of the Evangelical and Reformed Church and the Congregational Christian Churches has been held. It formulated principles which have since been recommended by the C.S.A. for General Council action. It also made suggestions which might be formulated into the following five first steps for a program on alcohol education:

1. The General Council should adopt the statement of guiding principles for alcohol education, assign responsibility for a program and provide an initial budget of \$15,000 to get it started.
2. A manual should be prepared for the guidance of ministers in counseling alcoholics. Opportunities for training ministers for such counseling should be provided in seminaries and elsewhere.
3. Audio-visual materials should be evaluated and supplemented with new filmstrips where needed.
4. Workshops and leadership training should be provided for summer conferences, using persons such as those trained at the Yale School of Alcohol Studies.
5. A general program of alcohol education should be conducted among the churches, with special attention to young people of adolescent years.

Here is a proposal for an initial program of alcohol education. Let us be done with simply fretting and fuming about "the alcohol problem." The time for action is June, 1950.

